POLICY:

The Emergency Department shall manage potentially infectious persons expeditiously and safely.

IMPLEMENTATION:

The following procedures shall be used to manage potentially infectious patients suspected of having TB. Please see Infection Control Manual Policy #5.34B.

1. Maintain a high suspicion for patients having TB.

   A. MASK ANY patient who presents with:

      1) persistent cough >2 weeks
      2) bloody sputum of any duration
      3) cough >1 week with fever and no other URI symptomology if they:

         ☐ give history of +PPD
         ☐ give history of tuberculosis
         ☐ give history of TB exposure
         ☐ are current or former correctional facility inmates
         ☐ are homeless or living in a shelter
         ☐ are immigrants from other geographic area

   B. In addition for: HIV/AIDS/OR PERSONS WITH RISK FACTOR FOR HIV Also mask for:

      1) productive cough >5 days

      2) any pulmonary symptomology (i.e., pleuritic chest pain, dyspnea) with fever or cough of any duration.

Placement of the mask on the patient must be documented in the patient’s medical record.
2. **PATIENT ISOLATION**: High risk individuals shall be escorted to code compliant isolation rooms, if not available, to single rooms; if not available to curtained cubicles masked and if not available, to treatment areas masked. Efforts should be made to expedite the work up, including portable chest x-rays. Signs indicating Airborne Precautions must be posted.

3. **SPUTUM INDUCTION**: Sputum should not generally be induced in the ED except under exceptional circumstances, as determined by the ED attending. If done, it should be done in a negative pressure isolation room.

4. **STAFF PROTECTION**: Any staff assisting in sputum induction, performing intubation or suctioning must wear a N-95 Particulate Respirator with appropriate eye protection (goggles, plastic glasses, or a fluid shield mask with face shield). Staff performing all other patient care functions not expecting aeroslization/splattering should wear the N-95 Particulate Respirator for which they have been fit tested.

5. Patients requiring admission should have respiratory isolation requested to allow special attention by Bed Management to find appropriate isolation rooms.

6. Patients who do not require hospitalization can be considered as candidates for directly observed treatment (DOT). DOT should be arranged by the Dept. of Health- TB Control Program (phone – 212-234-1848).

7. Staff assigned to the Emergency Department patient areas shall undergo PPD skin testing every six months according to EHS Infection Control Guidelines for tuberculosis.

8. General questions regarding specific patients or TB treatment may be referred to: Infection Control, ext. 89450; or the Infectious Disease Fellow on-call by calling ext.41800 for beeper number.